



Student Health Assessment

The information below is what we have on record from your child's enrollment packet. Please verify all information is accurate and up to date. If anything needs to be changed, please change it on this form. Your signature is required at the bottom to verify the information has been checked as of the date written. Thank you!

Student Name:

Grade:

Birthdate:

Preferred Hospital:

Would you like your child to wear a mask at school? Please circle one. yes no

Doctor:

Address:

Phone:

Dentist:

Address:

Phone:

MEDICAL HISTORY

ADD/ADHD: Yes No **Medications:**

Autism (ASD): Yes No **Anxiety/Depression/Emotional Disorders:** Yes No

Allergies: **Medications:**

Asthma: Yes No **Medications:**

Blood Disorders (Clotting Disorders Sickle Cell Anemia): Yes No

Cancer: Yes No **Constipation/Diarrhea:** Yes No **Eating Concerns/Disorder:** Yes No

Diabetes: Yes No **Medications:**

Ear Infections/Tubes: Yes No

Epilepsy/Seizures/Concussion: Yes No **Date of Last Episode:**

Fractures: Yes No **Site of Fracture and Date:**

Frequent Headaches: Yes No **Medications:** Yes No

Glasses/Contacts: Wears Daily: Yes No **Reading/Computer Only:** Yes No

Hearing or Speech Impairment: Yes No **Heart Problems/Rheumatic Fever:** Yes No

MRSA: Yes No **Stomach Complaints/Frequent Nausea/Vomiting:** Yes No

Muscle Weakness/Injury: Yes No **Site of Muscle Weakness/Injury and Date:**

Surgeries/Serious Injuries: Yes No

Surgeries/Serious Injuries Additional Information:

Other Illnesses:

Elaboration on Any Above Questions:

TREATMENT CONSENT

- Triple Antibiotic Ointment to Minor Cuts/Abrasions: Yes No
- Benadryl Cream or Caladryl Lotion to Itchy Rashes/Insect Bites: Yes No
- Cough Drops (Halls Menthol) As Needed As Directed: Yes No
- Peppermints (LifeSavers Pep-O-Mint) for Upset Stomach: Yes No
- Aquaphor Ointment to Dry/Cracked Skin or Lips (Applied with Q-Tip to Lips): Yes No
- Ginger Ale for Upset Stomach or Nausea: Yes No
- Salt Water Mouth Rinse for Oral Sores/Sore Throat: Yes No
- Saline Eye Drops (Individual Use Vials) As Needed Applied by RN Only: Yes No
- Vaseline to Minor Abrasions: Yes No

MEDICATIONS

List of any additional medications, including Over the Counter, vitamins, and supplements.

- Medication #1:
- Medication #2:
- Medication #3:
- Medication #4:

***All of the above information is accurate to the best of my knowledge.
I understand if my child's health information changes during the year, I need
to contact the school nurse. I agree to work with the school nurse in
providing the most up to date information regarding my child's health.***

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date _____